SUMMARY OF REGISTRATION AND LISTING REQUIREMENTS FOR THE MANUFACTURE OR DISTRIBUTION OF HUMAN PHARMACEUTICALS REGISTRATION LISTING TYPE OF FIRM **STATUS STATUS** Manufacturer [including homeopathic & controlled drugs] yes yes Contract Manufacturer yes* yes Own Label Distributor no yes Wholesale Distributor no no Own Label Repacker yes yes Own Label Relabeler [including recirculizer] yes yes Contract Relabeler yes no Contract Testing Laboratory [dosage forms & active ingredient yes no Contract Testing Lab [doing non-release tests] no no Contract Sub-Manufacturer no yes IND Manufacturer [Clinical Drugs] no NDA and ANDA Manufacturer yes yes Sponsor/Monitors/Clinical Investigator no no Contract Sterilizer yes no Fulfillment Packager [adding substantive labeling] yes no Mail Order House [adding insubstantial labeling] no no **Printing House** no no Medical Gas Transfiller yes yes First Aid/Rescue Squad [transfilling for own use] no no Medical Gas Transfiller [operating out of a van] yes yes Contract Assembler yes no Active Drug Substance Manufacturer yes yes **Excipient Drug Manufacturer** no no Manufacturer of Research Drugs no Drug Importer no no Foreign Drug Manufacturer yes yes Methadone Clinic no no Retail Pharmacy no no Manufacturing Pharmacy yes yes Regional Admixture Pharmacy yes

^{*}Products packaged/marketed under the contract manufacturer's own label must be listed by the Contract Manufacturer.